

BASIC FIRST AID INSTRUCTIONS

BEFORE PROCEEDING WITH ANY FIRST AID TREATMENT ASSESS:

- DANGER:** To you, other people or patient eg: fallen rocks, snakes, weather extremes, traffic
- RESPONSE:** Ask the patient – **C**an you hear me? **O**pen your eyes. **W**hat is your name? **S**queeze my hands.
- SEND FOR HELP:** Send someone to call for an ambulance if one is required: 000 or 112
- AIRWAY:** Open the patient's mouth and check it is clear from teeth, vomit etc.
- BREATHING:** Is the patient breathing normally? – Look for chest rising, Listen for breaths, Feel exhaled air on your cheek.
- CPR:** If the patient is not breathing, commence CPR straight away (30 compressions, 2 breaths - 5 cycles every 2 minutes; repeat continuously until help arrives or patient recovers).
- DEFIBRILLATOR:** Use a defibrillator if one is available (follow instructions given by the machine)

FIRST AID INSTRUCTIONS (in alphabetical order)

A. ANAPHYLAXIS

Symptoms: laboured, noisy breathing; swelling of lips, tongue, throat, face and eyes; hives/welts; tingling mouth; difficulty talking abdominal pain; vomiting

Treatment: Allow patient to lie down or sit.

Administer EpiPen (pull off blue cap; hold in fist; place orange end mid-thigh (with or without clothing).

Push down HARD (it clicks) and hold for 10 seconds.

Remove EpiPen and massage for 10 seconds.

Call for an ambulance, 000 or 112.

B. ASTHMA /DIFFICULTY BREATHING

Calm and reassure the person.

Assist person to a comfortable sitting position to open airway (hands behind head).

Loosen any tight clothing.

Help the person use any prescribed medicine - an asthma inhaler (with a spacer if available):
Administer 1 puff and take 4 breaths; repeat this 4 times.

Wait 4 minutes then repeat if necessary.

Continue to monitor the person's breathing and pulse. If little or no improvement, call for an ambulance, 000 or 112. Do not give the person food or drink.

C. BITES AND STINGS (not snake bite)

For all land-based stings (spiders, ants etc) apply ice (wrapped in cloth or bag) to wound site.
For all ocean-based stings (stone fish etc) apply heat (as hot as can be tolerated) to wound site.

For box or irukandji jellyfish apply vinegar to wound site.

D. BROKEN BONES

Immobilize the injured area using a splint or sling.

Apply cold to the area: Wrap an ice pack or bag of ice cubes in a piece of cloth and apply it to the injured area for up to 10 minutes at a time.

Call for an ambulance, 000 or 112 and seek medical help.

E. BURNS

As soon as possible, hold the burnt area under cool running water for 20 minutes.

Remove any clothing and jewellery from the burnt area, unless they are stuck to the burn.

Cover the burn with a light, loose non-stick dressing, preferably clean, dry, non-fluffy material (eg plastic cling film).

Do not apply lotions, ointments, fat or ice to a burn. Do not touch the injured areas or burst any blisters.

Continue to check the patient for shock, and treat if necessary.

Call for an ambulance, 000 or 112 and seek medical help for deep thickness or large area burns.

Sunburn: Rest the casualty in a cool and shady place and give cold water.

Place under a cool shower or sponge with cool water for 10 minutes. Repeat if it helps decrease discomfort.

Apply cool gauze padding to the burnt area.

Seek medical assistance if blistering occurs. Do not pop blisters

F. CONCUSSION /HEAD INJURIES

Signs and symptoms of a head injury can vary from person to person.

A head injury can result in:

Loss of consciousness for any amount of time

Drowsiness and inappropriate response to commands

Unequal pupils or arm and leg weakness

Fits or convulsions, headaches, blurred vision, vomiting

If any of the symptoms occur, get professional help quickly.

Assess the patient's conscious state. Follow DRSABCD

If not fully conscious, place the patient on the side in a recovery position.

Check that the airway is clear and monitor breathing.

Call for an ambulance, 000 or 112.

If conscious, help the patient to rest in the position of greatest comfort and safety.

Do not leave the patient alone and monitor breathing and consciousness level.

Call for an ambulance, 000 or 112.

Cover any wound with a sterile dressing. If there is any discharge from the ears or nose, cover the area with a sterile dressing.

Cover the patient lightly with clothing or a blanket and protect from extremes of temperature.

G. CPR (Cardio Pulmonary Resuscitation)

Step 1: Place your hands, one on top of the other, in the middle of the chest. Use your body weight to administer 30 compressions that are at least 5cm deep and delivered hard and fast.

Step 2: With the person's head tilted fully back and the chin lifted, pinch the nose shut and place your mouth over the person's mouth to make a complete seal. Blow into the person's mouth to make the chest rise. Deliver two breaths.

Repeat: Continue CPR steps 1 and 2 until the person exhibits signs of life such as breathing, or the ambulance arrives. Note: End the cycles if the scene becomes unsafe or you cannot continue performing CPR due to exhaustion.

H. FOREIGN OBJECT IN EYE

For small objects in the eye: try to flush a small object (insect, dirt etc) out by flowing sterile water over the eyelid as it is held open.

For embedded objects in the eye: do not attempt to remove the object, bandage around object, and cover both eyes to prevent movement of eyes. Call for an ambulance, 000 or 112.

I. HEART ATTACK/STROKE

Assess the patient's conscious state. Follow DRSABCD.

If not fully conscious, place the patient on the side in a recovery position. Check that the airway is clear and monitor breathing. Call for an ambulance, 000 or 112.

If conscious, assist patient into comfortable, safe sitting position. Loosen tight clothing.

Reassure the patient. Call for an ambulance, 000 or 112. Do not leave the patient alone and monitor breathing and consciousness level.

If the patient suffers from angina, find and administer their medication (usually a spray or tablet under the tongue).

J. HEAT EXHAUSTION/ HYPERTHERMIA

Encourage the patient to drink plenty of fluid (no caffeine or alcohol).

Remove any tight or unnecessary clothing.

Apply cooling measures such as fans, cool sponges or ice towels to body.

If little or no improvement, call for an ambulance, 000 or 112.

K. HYPOTHERMIA/EXPOSURE

Move the person out of the cold to a warm, dry location if possible or shield him from the cold and wind. Lie the patient down on insulated surface if possible. Limit movement (don't massage or rub).

Remove wet clothing and cover the person with dry blankets or coats (including head).

Monitor breathing and consciousness.

Provide warm, sweet beverages (no caffeine or alcohol) if the person is alert.

Apply warm, dry compresses to the neck, chest wall or groin area or use your own body heat.

If little or no improvement, call for an ambulance, 000 or 112.

L. LACERATIONS AND DEEP WOUNDS

Cover the wound with a clean cloth and apply pressure using a bandage and hands.

If blood seeps through the first bandage, do not remove it but apply another bandage over the first and keep applying pressure. Repeat as necessary.

Elevate the limb if possible.

Call for an ambulance, 000 or 112.

For an embedded object, do not attempt to remove the object, bandage around object to prevent movement.

M. NOSE BLEED

Sit the patient up and tilt the head forwards slightly.

Pinch below the bridge of the nose for 10 minutes.

Apply an ice pack to the forehead or back of the neck (wrap this up in a towel).

If the blood nose has occurred due to an injury, is frequent or long lasting seek medical attention.

N. SHOCK (usually as a result of major trauma)

Help the patient get into a comfortable position – if pale raise legs; if red raise head.

Encourage them to rest, and reassure them.

Cover them with a blanket or clothing to keep them warm.

Allow small sips of water.

Do not leave the patient alone and keep a constant watch on breathing and consciousness level.

Call for an ambulance, 000 or 112.

O. SMALL GRAZES OR CUTS

Wash and dry hands thoroughly. Gloves are available in the First Aid Kit.

Clean the wound under drinking-quality running tap water if available or with gauze wipes.

Pat the area dry with a clean dressing.

Apply a sterile adhesive dressing.

P. SNAKE BITE

Call for an ambulance, 000 or 112.

Lay the victim down and provide reassurance.

Do not move the victim unless further danger is present.

With a broad elastic bandage start at the bite site and wrap the bandage very firmly to the top of the limb and then down.

With a second bandage wrap from toes or hand and wrap the bandage very firmly up the entire limb to reduce lymphatic movement but not constrict blood flow.

Ensure you leave the tips of the toes/fingers out to monitor circulation.

Splint the limb (including joints) to prevent movement.

Do not remove the bandage once applied.

Make the victim comfortable and continue to provide reassurance until emergency services arrive.

Q. SPINAL INJURY

Assess the patient's conscious state. Follow DR^SABCD. Call for an ambulance, 000 or 112.

If not fully conscious, place the patient on the side in a recovery position but carefully support their head and neck, and avoid twisting or bending during movement.

Check that the airway is clear and monitor breathing by holding the patient's head and neck steady to prevent twisting or bending of the spine.

If conscious, keep the patient in the position found. Only move if in danger.

Reassure the patient and ask them not to move.

Hold the head and neck steady to prevent twisting or bending of the spine.

Do not leave the patient alone and monitor breathing and consciousness level.

R. SPRAINED ANKLE (or other limb)

The treatment protocol of R.I.C.E: rest, ice, compression, and elevation.

Rest: Avoid activities that actively cause pain in the ankle.

Ice: Treating a sprain with ice can reduce pain and swelling. Use a cloth barrier between the ice and the skin and limit icing session to 10 to 15 minutes every 1 to 2 hours.

Compression: An elastic bandage can bring down swelling and stabilize the joint. Wrap it snugly, but not so tight that it causes numbness or tingling.

Elevation: By keeping the ankle elevated above the level of the heart, swelling and pain can be reduced.

Advise the competitor to seek medical advice.

S. CONSENT & LIABILITY

Adults: Get consent from an adult to perform First Aid.

If patient is unconscious, consent is assumed.

Children: Get consent from a parent/guardian to perform First Aid on their child.

If no parent/guardian is present, consent is assumed.

First Aiders are NOT liable for the results of their actions as long as they remain within the bounds of their training/knowledge.

T. INFORMATION SOURCED FROM

1. Australian Government, Department of Health <https://www.healthdirect.gov.au>
2. St John's <https://stjohn.org.au/assets/uploads/fact%20sheets/english>
3. Mayo Clinic <https://www.mayoclinic.org/first-aid>
4. Better Health Channel, Vic Govt <https://www.betterhealth.vic.gov.au/health>
5. WebMD <https://www.webmd.com/first-aid>
6. First Aid Alive <http://firstaidalive.com/>